TDH
TEXAS DEPARTMENT OF HEALTH

UTILIZATION LOG

Licensee/Registrant Name: _____ License/Registration No. _____ Storage Location (address): _____

*Exposure Device (Camera), Transport Container, or X-Ray Control Console Serial No. _____

DATE OUT OF STORAGE	SOURCE SERIAL NO.	USE LOCATION	DATE(S) OF USE	SIGNED OUT TO (PRINT NAME) SIGNATURE	DATE RETURNED TO STORAGE	RETURNED BY (PRINT NAME) SIGNATURE

*Use a separate Utilization Log form for each exposure device, transport container, or x-ray control console.